

[ FORMCHECKBOX ]

Capital Contract

[ FORMCHECKBOX ]

Operating Contract

☐ Entry Permit or Film**Metro-North Railroad  
CERTIFICATE OF INSURANCE**

AGREEMENT or CONTRACT #: [ FORMTEXT ]		AGREEMENT or CONTRACT NAME/DESCRIPTION: [ FORMTEXT ]					
INSURANCE PRODUCER:[ FORMTEXT ]		CERTIFICATE ISSUANCE DATE: [ FORMTEXT ]		DATE RECEIVED:		REFERENCE #:	
ADDRESS:[ FORMTEXT ]							
PHONE #: [ FORMTEXT ]							
INSURED:[ FORMTEXT ] ADDRESS:[ FORMTEXT ] PHONE #:[ FORMTEXT ]		CO LTR	COMPANIES AFFORDING COVERAGE				
		A	[ FORMTEXT ]			NAIC # [ FORMTEXT ]	
		B	[ FORMTEXT ]			NAIC # [ FORMTEXT ]	
		C	[ FORMTEXT ]			NAIC # [ FORMTEXT ]	
CERTIFICATE HOLDER: Metro-North Railroad/MTA Attn: Risk & Insurance Management  ADDRESS: 2 Broadway 21 <sup>st</sup> Floor New York, NY 10004 PHONE#: (646) 252-1430		D	[ FORMTEXT ]			NAIC # [ FORMTEXT ]	
		E	[ FORMTEXT ]			NAIC # [ FORMTEXT ]	
		F	[ FORMTEXT ]			NAIC # [ FORMTEXT ]	
		G	[ FORMTEXT ]			NAIC # [ FORMTEXT ]	
COVERAGES (See Notes 1 and 2)							
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS		
[ FORMTEXT ]	GENERAL LIABILITY [ FORMCHECKBOX ] Commercial General Liability Form [ FORMCHECKBOX ] Underground Expl. & Collapse Hazard [ FORMCHECKBOX ] Products/Completed Operations [ FORMCHECKBOX ] Contractual Liability [ FORMCHECKBOX ] Independent Contractors	[ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	BI & PD COMBINED OCCURRENCE		\$[ FORMTEXT ]
					GENERAL AGGREGATE		\$[ FORMTEXT ]
					PRODUCTS/COMPLETED OPERATIONS AGGREGATE		\$[ FORMTEXT ]
					OTHER		\$[ FORMTEXT ]
[ FORMTEXT ]	AUTOMOBILE LIABILITY [ FORMCHECKBOX ] Any Auto [ FORMCHECKBOX ] Owned Autos [ FORMCHECKBOX ] Hired Autos [ FORMCHECKBOX ] Non-Owned Autos	[ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	BODILY INJURY (Per Occurrence)		\$[ FORMTEXT ]
					PROPERTY DAMAGE (Per Occurrence)		\$[ FORMTEXT ]
					BODILY INJURY/PROPERTY DAMAGE COMBINED SINGLE LIMIT (Each Accident)		\$[ FORMTEXT ]
[ FORMTEXT ]	GARAGE LIABILITY [ FORMCHECKBOX ] Any Auto	[ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	AUTO ONLY EACH ACCIDENT		\$[ FORMTEXT ]
					OTHER THAN AUTO ONLY	EA ACC	\$[ FORMTEXT ]
						AGG	\$[ FORMTEXT ]
[ FORMTEXT ]	EXCESS LIABILITY [ FORMCHECKBOX ] Umbrella Form [ FORMCHECKBOX ] Other Than Umbrella Form [ FORMCHECKBOX ] SIR/Deductible \$[ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	EACH OCCURRENCE		\$[ FORMTEXT ]
					AGGREGATE		\$[ FORMTEXT ]
[ FORMTEXT ]	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY [ FORMCHECKBOX ] USLH [ FORMCHECKBOX ] Jones Act [ FORMCHECKBOX ] "All States" Coverage	[ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	[ FORMCHECKBOX ] STATUTORY LIMITS		
					EMPLOYER'S LIABILITY	\$[ FORMTEXT ]	

[ FORMTEXT ]	<b>PROFESSIONAL LIABILITY</b> [ FORMCHECKBOX ] Includes Pollution Liability [ FORMCHECKBOX ] Deductible \$[ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]		[ FORMTEXT ]	\$[ FORMTEXT ]
[ FORMTEXT ]	OTHER: [ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	\$[ FORMTEXT ]
[ FORMTEXT ]	OTHER: [ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	\$[ FORMTEXT ]
[ FORMTEXT ]	OTHER: [ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	[ FORMTEXT ]	\$[ FORMTEXT ]

**EVIDENCE OF RAILROAD PROTECTIVE LIABILITY AND/OR BUILDER'S RISK INSURANCE, WHEN APPLICABLE, REQUIRES SUBMISSION OF THE ORIGINAL POLICY.**

**THE ORIGINAL BINDER(S) WILL BE ACCEPTED, PENDING ISSUANCE OF THE ORIGINAL POLICY(S).** *Revised 2/2013*

**CERTIFICATE OF INSURANCE**

**MNR**

**(Continued) Page 2**

**LIABILITY COVERAGES:**

**ADDITIONAL INSURED(S)** (See Note 3) Check all that apply ☐  
 Coverage: General Liability, Garage Liability, Excess/Umbrella Liability  
 Contractor's Pollution Liability, Pollution Legal Liability, etc.

**For all MNR Agreements:**

[ FORMCHECKBOX ] Metro-North Commuter Railroad Company and Metropolitan Transportation Authority, and the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Parties listed herein.

[ FORMCHECKBOX ] Connecticut Department of Transportation (CDOT)  
 [ FORMCHECKBOX ] The State of Connecticut  
 [ FORMCHECKBOX ] Midtown Trackage Ventures LLC  
 [ FORMCHECKBOX ] Midtown TDR Ventures LLC  
 [ FORMCHECKBOX ] National Railroad Passenger Corp. (Amtrak)  
 [ FORMCHECKBOX ] NJ Transit Rail Operations Inc.  
 [ FORMCHECKBOX ] New Jersey Transit Corporation  
 [ FORMCHECKBOX ] CSX Transportation Inc. & New York Central Lines LLC  
 [ FORMCHECKBOX ] Delaware & Hudson Railway Company, Inc.  
 [ FORMCHECKBOX ] Norfolk Southern Railway Company & Pennsylvania Lines LLC  
 [ FORMCHECKBOX ] Housatonic Railroad Company  
 [ FORMCHECKBOX ] Providence & Worcester Railroad Company  
 [ FORMCHECKBOX ] Danbury Terminal Railroad Co.  
 [ FORMCHECKBOX ] Maybrook Railroad Company  
 [ FORMCHECKBOX ] Argent Ventures LLC

[ FORMCHECKBOX ] Other: [ FORMTEXT ]

**PROPERTY COVERAGES:**

(See Note 3) Check all that apply ☐

[ FORMCHECKBOX ] **NAMED INSURED(S)**  
 Coverage: Property, Builder's Risk

[ FORMCHECKBOX ] **ADDITIONAL NAMED INSURED(S)/LOSS PAYEES**  
 Crime Insurance, Valuable Papers

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[ FORMCHECKBOX ] Other: [ FORMTEXT ]

**NOTE 1:** The subscribing insurance company(s), authorized to do business in the State of New York, certifies that insurance of the kinds and types and for limits of liability herein stated, covering the Agreement/Contract herein designated, has been procured by and furnished on behalf of the Insured and is in full force and effect for the period listed on the front of this Certificate of Insurance. In addition, the subscribing insurance company(s) certifies that the insurance limits for General Liability Insurance are not amended by deductible clauses of any nature except as has been disclosed to and approved by the Metro-North; and that coverage is afforded for the Insured's obligations under that provision of the contract/agreement providing for indemnification of the Indemnified Parties, including the Metro-North, named therein. When applicable, the subscribing insurance company(s) certifies that: any exclusion applying to construction or demolition operations on or within fifty (50) feet of a railroad (stations, yards, tracks, etc.) and any employer liability exclusion which may otherwise operate to exclude claims for bodily injury asserted by an employee of an additional insured have been removed.

**NOTE 2:** Should any of the policies referred to herein be canceled, changed or not renewed, notice should be delivered in accordance with the policy provision to: Metro-North Railroad/MTA c/o MTA Risk and Insurance Management Department, 2 Broadway, 21<sup>st</sup> Floor New York, NY 10004.

**NOTE 3:** All references to Additional Named Insureds and Additional Insureds include those entities' directors, officers, employees, partners, agents, subsidiaries and affiliates.

**NOTE 4:** This certificate is issued to the Certificate Holder in consideration of the Agreement/Contract entered into with the named insured. It is understood and agreed that the certificate holder relies on the certificate as basis for continuing such Agreement/Contract with the name insured.

AUTHORIZED INSURER/PRODUCER \_\_\_\_\_

BY \_\_\_\_\_

(signature of authorized Insurer/Producer)

TITLE \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) s.s.  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known, who being duly sworn, did depose and say that he/she resides in \_\_\_\_\_, that he/she is the \_\_\_\_\_ of the corporation and described in and which executed the foregoing Certificate of Insurance, that he/she is fully authorized to execute the foregoing Certificate of Insurance.

\_\_\_\_\_  
(Notary Public)

**CERTIFICATES OF INSURANCE MUST BE COMPLETED BY AUTHORIZED INSURANCE REPRESENTATIVES ONLY.**

*Revised 2/2013*

## **Guidelines for Submission of Evidence of Insurance**

### **MTA METRO NORTH RAILROAD (MNRR) AGREEMENTS**

These are basic acceptance guidelines-read your agreement for specific insurance requirements.  
Policies must be written by Carriers rated A-/VII or better to be acceptable to MTA & MTA's Operating Agencies

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#### **1. General Requirements:**

- Use Metro North Railroad (MNRR) Certificate if contract applies to only MNR;
- Use Joint Agency Certificate if contract applies to more than one MTA Agency;
- ACORD Certificate may be used for operating-funded contracts under \$250,000 unless otherwise noted in agreement.

##### **On the Certificate, you are required to:**

- Reference the Agreement or Contract #;
- Disclose any deductible, self-insured retention, sub-limit or aggregate limit;
- Provide insured's telephone number, contact person and e-mail address;
- Must be **signed** by an **Authorized Representative of the Insurance Carrier or Producer and notarized**.
- Insurance expiration dates may **not** be within 30 days of submission unless written assurance from the authorized broker that the policy (s) will be renewed with the same terms and conditions is submitted with the certificate.
- Select / Check (✓) the appropriate boxes for Additional Insured / Additional Named Insureds and/or Loss Payees,

#### **2. Minimum Coverages (Refer to Agreement for Specific Insurance Requirements):**

##### **a. Workers' Compensation**

- The New York State Insurance Fund form is acceptable.
- If a company is located out of state, an "All States" endorsement is required
- Sole Proprietors may provide CE-200 form as documentation of exemption status. Others may provide a letter from their accountant or attorney as evidence of exemption.

##### **b. General Liability (Refers To Primary and Umbrella/Excess Liability Policies)**

- Minimum limits of Commercial General Liability may be satisfied by a combination of primary and umbrella / excess policies and must follow form of the underlying policy and be extended to "drop down" to become primary in the event the primary policy is exhausted.
- A physical copy of the Additional Insured Endorsement (I.S.O. Form CG 20 10 1185 version or equivalent) reflecting the policy number(s) and covering the required indemnitees in your agreement must accompany the certificate of insurance.

##### **c. Railroad Protective Liability (RRPL) / Builder's Risk**

- A Certificate of Insurance is not acceptable proof of these coverages: an insurance binder must be provided pending issuance of actual policy.
- RRPL binder must list all required Named Insured (indemnities).
- Actual policies must be submitted within 30 days from issuance of binder.

##### **d. Environmental Coverages - Contractor or its sub-contractor may provide:**

- Contractor's Pollution Liability coverage must be endorsed to include the additional insureds per terms of contract and a copy of the physical endorsement must accompany the certificate of insurance.
- Pollution Legal Liability coverage must be endorsed to include the additional insureds as required in your contract. Evidence of coverage can be satisfied by the following:
  - Stand alone Pollution Legal Liability policy listing the Non-Owned Disposal Site
  - A Non-Owned Disposal Site Endorsement to the Contractors Pollution Liability policy.
  - A certificate of insurance from the disposal facility adding the applicable Agency (s) as additional insured.
- The Hauler must provide evidence of their Business Auto Liability policy with copies of the MCS90 & CA9948 endorsement,

##### **e. Joint Venture**

- If the Contractor/Consultant is a Joint Venture, the joint venture shall provide evidence of liability insurance in the name of the Joint Venture.
  - If insurance is not purchased in the name of the Joint Venture, the member with the majority ownership interest in the joint venture must endorse its general liability policy to name the Joint Venture as an "ADDITIONAL NAMED" insured.

#### **3. Provide Signed Certificate or a Certified Copy(s) of the actual Policy(s) to:**

**Mailing Address:** MTA Risk and Insurance Management Dept., Standards, Enforcements and Claims Unit, 2 Broadway, 21<sup>st</sup> floor, New York, NY 10004.